

Employer Information

1. Name of Employer (exactly as it is to appear with punctuation)

Philadelphia Redevelopment Authority

2. Employer's Address

1234 Market St., 16th Floor
Street

Philadelphia, PA. 19107
City, State Zip

215-209-8779
Telephone

3. Employer's Tax ID:23-6005062

4. Plan Administrator shall be:

Employer using Employer's Address
OR

Other: [Click here to enter](#)

AND, if Other selected

Use Employer's Address

Use address below:

[Click here to enter](#)
Street

[Click here to enter](#)
City, State Zip

[Click here to enter](#)
Telephone

5. Plan Information:

New Plan

Amendment and Restatement

6. Plan Year:

Begins:8/1/2014
(month/day)

Ends:7/31/2015
(month/day)

7. Effective Date(s):

Initial Effective Date: 8/1/2014
(month/day/year)

This Restatement: [Click here enter date.](#)
(month/day/year)

8. Employer Entity:

- S Corporation (2% shareholders and certain employed family members not eligible)
- Corporation
- Partnership (self-employed (partners) not eligible)
- Sole Proprietors (self-employed not eligible)
- Government Entity or Church
- Non-Profit Organization
- Limited Liability Company (Members not eligible)

Eligibility

9. Eligible Employees

- All employees are eligible
- All employees are eligible except for (select all that apply)
 - Union employees
 - Non-resident aliens
 - Part-time employees schedule to work less than 15 hours per week
 - Other _____

10. Conditions for Eligibility:

- For first Plan Year only, anyone employed on the effective date of the Plan is eligible, thereafter:
 - Date of hire (no service required)
 - [Click here to enter](#) years after date of hire
 - 1st of the month after date of hire
 - [Click here to enter.](#) months after date of hire

OR

- For all years eligibility is as follows:
 - Date of hire (no service required)
 - [Click here to enter.](#) years after date of hire
 - [Click here to enter](#) days after date of hire
 - 6 months after date of hire

11. Entry Date / Waiting Period:

- Date conditions for eligibility are met
- First day of month following date requirements were met

Contributions

12. Contributions. Plan will provide for:

- Salary reduction contributions only (no Employer contributions)
- Employer contributions only (no salary reductions)
- Both Salary reductions and Employer contributions

Note: Salary reduction contributions are set at the amount sufficient to cover a Participant's benefit elections, subject to the IRS limits on pre-tax contributions. The Plan provides for the following participant contributions:

- Pre-tax only
- Pre-tax and post- tax

Section 125 Premium Conversion Plan



13. Employer Contributions. For each Plan Year, Employer will contribute:

- N/A
- \$ [Click here to enter per Participant](#)
- [Click here to enter % of compensation per Participant](#)
- Discretionary
- Other [Click here to enter](#)

AND, the contributions shall be made:

- At the beginning of the Plan Year
- Pro rata each pay period

Benefit Options

14. Benefits Included (check all that apply)

- Transit/Van Pool Benefits
- Qualified Parking Expenses
- Bicycle Reimbursement Benefit

15. Submission of Claims

Participants have 90 days after termination of Plan participation to submit claims for expenses incurred prior to termination.

Adopting Employers

16. Will Adopting Employers execute this Plan as a participating Employer?

- Yes
- No

First Adopting / Participating Employer

Name of Employer [Click here to enter](#)

[Click here to enter](#)

Street

[Click here to enter](#)

City, State Zip

[Click here to enter](#)

Telephone

Employer's Tax ID: [Click here to enter](#)

AND, the first Adopting / Participating Employer is:

- S Corporation (2% shareholders and certain employed family members not eligible)
- Corporation
- Partnership (self-employed (partners) not eligible)
- Government Entity or Church
- Non-Profit Organization
- Limited Liability Company (Members not eligible)

Second Adopting / Participating Employer

Name of Employer [Click here to enter](#)

[Click here to enter](#)

Street

[Click here to enter](#)

City, State Zip

[Click here to enter](#)

Telephone

Employer's Tax ID: [Click here to enter](#)

AND, the second Adopting / Participating Employer is:

- S Corporation (2% shareholders and certain employed family members not eligible)
- Corporation
- Partnership (self-employed (partners) not eligible)
- Government Entity or Church
- Non-Profit Organization
- Limited Liability Company (Members not eligible)

IF ADDITIONAL ADOPTING / PARTICIPATING EMPLOYERS, PLEASE ADD ADDITIONAL PAGES